

Disconnect Form

CITY OF ST. MARYS WATER DEPARTMENT

418 OSBORNE STREET

ST. MARYS, GEORGIA 31558

PHONE: 912-510-4000 FAX: 912-882-5506

Today's Date: _____ SS # _____

Do we provide your Garbage Service: Yes _____ No _____

Name: _____

Disconnect Address: _____

Disconnect Date: _____

You may be entitled to a refund, therefore we ask you to provide a good mailing address.

NEW MAILING Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Current/New Employer: _____

Current/New Work Phone #: _____

****CUSTOMER SIGNATURE:** _____

NOTES:

OFFICE USE ONLY:

RECEIVED BY CITY OF ST. MARYS WATER DEPARTMENT

BY: _____ DATE: _____ TIME: _____

ORIGINAL WHITE-CITY HALL

YELLOW-METER READING

PINK-CUSTOMER